

MEDICAL ASSISTANCE ADMINISTRATION

NOTE: Report on hardcopy, not disc or other media.  
You may develop your own form, but you must use  
the format below.

Mail to Michelle Senn  
Division of Client Support  
Post Office Box 45505  
Olympia, Washington

**MONTHLY ADJUSTMENT REPORT**  
**-SAMPLE-**

Carrier Friendly Health Carrier  
Carrier Contact Sunny Jim  
Contact Phone # (360) 555-1234  
Contact Address 1234 Anywhere, Anytown, Washington 98501

Client's Name (Last, First, Middle Initial)	PIC	Case/AU #	Effective Date month, day, year (6 digits)	End Date    month, day, year**	Current Plan Provider #	New FQHC/RHC Performing #
	JC010195DOEA	45C002228690	100198	113098	7501234	7591234
				**If no end date: 12/31/99		

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## MONTHLY ADJUSTMENT REPORT

Carrier \_\_\_\_\_

Carrier Contact \_\_\_\_\_

Contact Phone # \_\_\_\_\_

Contact Address\_\_\_\_\_

[illegible]